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Pacific Partnership: Resounding Success of Coastal Medicine Initiative in Da Nang, Vietnam

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By Cmdr. Ken Walters, Royal Australian Navy, medical planner aboard USNS Mercy



When the Coastal Medicine Initiative was conceptualized as a result of discussions with Da Nang People's Committee during the pre-deployment site survey, a number of strategic and operational planners considered that the initiative was not conducive to meeting the objectives and ideals that a

Pacific Partnership mission embraces – I think the drill we just conducted proves otherwise.

The initiative was designed to provide a baseline level of training to personnel involved as initial responders to water-borne emergencies as primary, secondary and tertiary providers. This required training at varying levels to be conducted simultaneously over a 10-day period and concluding with a five-hour culminating event across two distinctly different environments – on land ashore and aboard the hospital ship Mercy. The training appeared well received from the outset, especially when taking the language barrier into account.

The culminating events focused on a scenario of a tsunami impacting the coastal region of Da Nang at about 9:30 a.m. on Aug. 27. The planned patient care continuum was from point of injury through to Role 3, with a mixture of Vietnamese and U.S. casualties in a joint staffed shore borne activity providing first responder and casualty clearing responses centered on Emergency Center 115 in Da Nang. Concurrently, Mercy as a primary Role 3 response capability and other military hospitals in the area were being activated to receive mass casualties. As information began to flow, and noting the realistic communication difficulties, Mercy was ready, in all aspects, to receive and treat the injured, with 44 simulated casualties (24 ashore) treated on the day of the drill.

Joint medical teams from Mercy and Vietnam were at both sites, working side by side, triaged, treated and evacuated patients along the care continuum, which would provide Mercy with 20 casualties over two hours. Vietnamese medical practitioners embarked and enmeshed in the Mercy-based trauma teams to provide care to the injured. This was the first time a coalition of Vietnam and U.S. healthcare providers had assembled aboard Mercy for a disaster and mass casualty scenario.

As patients began to flow, the barriers of language and culture reduced, and the common focus of patient outcome came to the fore. A sharing of knowledge and differing practices saw all patients treated using a combination of U.S. and Vietnamese protocols. The learning outcomes of the event were bilaterally achieved; with many of Mercy's staff gaining knowledge from their counterparts either directly or indirectly. A credible permanence was achieved through the conduct of the initiative with many Vietnamese providers expressing accolades at being able to work in a multi-faceted international medical event. A significant amount of VIP observers embarked Mercy to witness the event, which in itself broke new ground in allowing on-deck helicopter operations to be conducted.

And what of success?

During the debrief at the Da Nang People's Committee, Vietnam spoke of a resounding success for the event; however, conceded there are many opportunities to be embraced in future missions to enhance the "initiative" with greater interagency involvement and potential for further medical and tactical interoperability.

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